

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

SPONSOR FOR IOWA HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name PAUL SHOMSHOR
SHOMSHOR FOR IOWA HOUSE

Political Party (if applicable)
DEMOCRAT

Office Sought
IOWA HOUSE

District (if Senate or House)
100

IA ETHICS AND
CAMPAIGN
DISCLOSURE
FORM
2008 OCT 31 PM 10:30
PM 2:24

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1490

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Paul Shomshor
SIGNATURE OF PERSON FILING REPORT

712-325-0630
TELEPHONE

10/30/2008
DATE SIGNED

I AM FILING A OCTOBER 28, 2008
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 21,981.78

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,100.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

26,081.78

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

10,000.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 16,081.78

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SHUMSNOB FOR ZOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/18/2008	ID# CK# 1223	ALL CHILDREN MATTER-ZOWA 951 ZOWA ST DUBUQUE IA 52001		\$ 750.00	<input type="checkbox"/>
10/18/2008	ID# CK# 1507	GREAT PLAINS LABORERS-PAC 5806 MURPHY DR-B DES MOINES IA 50372		1,000.00	<input type="checkbox"/>
10/18/2008	ID# CK# 2756	COSBY'S PAC BOX 3001 ALKENY IA 50001		250.00	<input type="checkbox"/>
10/18/2008	ID# CK# 1005	ZA QUARTER HORSE PAC 3535 E. COURT AVE DES MOINES IA 50317		250.00	<input type="checkbox"/>
10/18/2008	ID# CK# 1170	PEPPERLENN MKTS PAC 1303 - 50TH WEST DES MOINES IA 50266		250.00	<input type="checkbox"/>
10/18/2008	ID# CK# 10783	DAVE EICHELBRACK BOX 8 WAYLAND IA 52654		75.00	<input type="checkbox"/>
10/18/2008	ID# CK# 8982	GENO P GONZALEZ 2970 ZUKPADUTA AVE 6000 4605TH CITY IA 50545		100.00	<input type="checkbox"/>
10/18/2008	ID# CK# 5391	CHAR BRENNEHAN 1551 LARCH AVE WASHINGTON IA 52353		75.00	<input type="checkbox"/>
10/18/2008	ID# 6400 CK# 664	IOWA RESTAURANT ASSN 655 DOUGLAS - 47 DES MOINES IA 50322		200.00	<input type="checkbox"/>
10/18/2008	ID# 6282 CK# 1820	144-VET PAC 5870 WESTOWN PKWY WEST DES MOINES IA 50266		250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 3,200.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sponsor for IA House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/16/2008	ID# CK# 1475	IA AGRIBUSINESS PAC 900 DES MOINES ST. DES MOINES IA 50309		\$ 100.00	<input type="checkbox"/>
10/18/2008	ID# CK# 9999	JERRAM VITTEZOE 2570 HWY 92 WASHINGTON IA 52353		50.00	<input type="checkbox"/>
10/18/2008	ID# CK# 1880	WELL PAC 636 GRAND DES MOINES IA 50309		500.00	<input type="checkbox"/>
10/20/2008	ID# CK# 1055	IA-NECA PAC 2400 WEST TOWN PKWY-D WEST DES MOINES IA 50266		750.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 900.00

TOTAL (if last page of this schedule)

\$ 4,100.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/2008	ID# CK# 1093	IOWA DEMOCRATIC PARTY 5661 PLEAS DR DES MOINES IA 50321		\$10,000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$10,000.00
TOTAL (if last page of this schedule)				\$10,000.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sponsor for Iowa House

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/22/08	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50321		MAILING	\$ 5,482.62 5,482.62	<input type="checkbox"/>
10/23/08	ALL CHILDREN MATERN- IOWA 951 IOWA ST DUBUQUE IA 52001		MAILING	3,235.62	<input type="checkbox"/>
10/27/08	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50321		MAILING	16,687.00	<input type="checkbox"/>
10/27/08	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50321		PHOTOS	536.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 25,941.24	
TOTAL (if last page of this schedule)				\$ 25,941.24	

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Page 1 of 1
(for Schedule E)